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ABSTRACT

The Third Annual Report of the Hawaii State Senior Center is presented. It depicts a story of continued expansion of diversified services to the senior citizens of Oahu. Each month, on the average, 209 persons visited the Center for an annual total of 62,034 visits. Regular membership is 1,040. Discussions have been held concerning the need for additional centers, exploring also the nature of their operation and funding. New patterns of health education and services, educational programs, outreach to the confined elderly, and instruction of workers have been explored. Counseling and leisure time activities for the pre-retirement group, preparing them for creative and rewarding retirement, seem to be emergent needs. Present estimates are that 10% of the population is between 50 and 65 in Hawaii. This annual report includes the Center Chairman's Report, an Analysis of Program Changes, Statistics to Assess Attainment of Project Objectives, Findings of the Third Participation Evaluation Survey, and Report of Pre and Post Evaluation of participants. (For Second Annual Report, see ED 065 120.) (Author/CK)

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THIRD ANNUAL REPORT

HAWAII STATE SENIOR CENTER

sponsored by
HONOLULU COMMUNITY COLLEGE

July 1, 1971
to
June 30, 1972

JC 720 260

Hawaii State Senior Center
1640 Lanakila Avenue
Honolulu, Hawaii 96817
Telephone: 847-1322

UNIVERSITY OF CALIF.
LOS ANGELES

DEC 27 1972

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Dedication

This report is dedicated to the deceased participants of our Center since July 1, 1971 to June 30, 1972.

Their passing reminds us that this life is fleeting; there is so little time to achieve the fullest flowering of our highest potential.

We join in sympathy with their families, relatives and friends and re-dedicate ourselves to seeing that each flower has a chance to bloom especially in the twilight years.

Name	Date
Mrs. Chang Lee Lai Chun	September 1971
Mrs. Anna McKeague	September 1971
Mrs. Naka Toyama	August 1971
Mrs. Elizabeth Kamakana	November 1971
Mr. Kenji Yoshikawa	November 1971
Mrs. Emma Belanch	January 1972
Mrs. Tatsumi Honda	February 1972
Mrs. Wong Woon Ngan Lai	April 1972
Mrs. Laura Lee	April 1972
Mrs. Juanita DeLa Rosa	April 1972
Mr. Catalino Cuizon	April 1972

FOREWORD

This Third Annual Report of the Hawaii State Senior Center presents a story of continued expansion of diversified services to the senior citizens of Oahu. The dimensions of the story may be summarized in the bare of numbers of persons served. The regular membership in the Center numbered 1,040, with an additional 535 associate and guest memberships. Each month, on the average, 209 persons visited the Center for an annual total of 62,034 visits. One original objective of the Center was to demonstrate the need for multi-purpose agencies in Hawaii for service to senior citizens. The attendance amply indicates that the need exists.

Future possibilities for the Center are limitless. Discussions have been held concerning the need for additional centers, exploring also the nature of their operation and funding. New patterns of health education and services, educational programs, outreach to the confined elderly, and instruction of workers have been explored. Counseling and leisure time activities for the pre-retirement group, preparing them for creative and rewarding retirement, seem to be emergent needs. Present estimates are that 10% of the population is between 50 and 65 in Hawaii. Many of them view their approaching retirement with severe feelings of apprehension.

Increased concern for senior citizens pays many dividends in health and happiness for all the people of the State. Honolulu Community College, University of Hawaii, is proud to have had a part in the sponsorship of this very tangible expression of Hawaii's concern.

DR. JAMES W. THORNTON, JR.
Provost
Honolulu Community College

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THIRD ANNUAL REPORT OF THE HAWAII STATE SENIOR CENTER*

PROJECT STAFF

Executive Director		Charles W. Amor
Group Activities Coordinator		Florence M. Lau
Individualized Services Coordinator	(appointed 9/71)	Betsey M. Ono
	(resigned 9/71)	Cynthia LeVoff
Stenographer	(appointed 9/71)	Adrienne Chang
	(resigned 9/71)	Sally H. Hayashi
Center Aides		Alfred Barros
		J. O. Cayaban
		Hayluo Matias
		Clara Seto

****

PARTICIPANT ADVISORY BOARD

Elected Members:

Chairman	(elected 5/1/72)	Henry B.C. Ho
	(terminated 5/1/72)	James H. Tengan
Vice Chairman		Evaristo Fernandez
Secretary	(elected 5/1/72)	Trude Chang
	(terminated 5/1/72)	Ellen Fong
Treasurer		Margaret Lum
Other Elected Participant Members		Okitaro Ujiie
	(terminated 5/1/72)	Pauline Kampf

Appointed Members:

Hawaii Housing Authority	Irene Fujiwara
Department of Health	Edna Lau
Social Security Administration	Shizuo Tosaki
Honolulu Committee on Aging	Kenji Goto
Hawaii State Commission on Aging Representative	Harry Takara
Honolulu Community College	Alan Yonan

*This report covers the period of July 1, 1971 to June 30, 1972.

CLUB COUNCIL MEMBERS

1. ABE, Roy
2. AKANA, Fred
3. AKITA, Mitsuyoshi
4. CHANG, Trude
5. CHING, Tessie
6. CHOW, Wallace
7. FERNANDEZ, Evaristo
8. FONG, Ellen
9. FU, George
10. GIBO, Lester
11. GREENHALGH, Leona
12. HEE, Raymond
13. HO, Alexander
14. HO, Henry B. C.
15. HAMAMURA, Mabel
16. ING, George
17. KAMPF, Pauline (Chubby)
18. KASHINOKI, Sarah
19. KURISAKI, Mazie
20. KUSHIMA, Nobukazu
21. LUM, Kong Kee
22. LUM, Margaret
23. MAU, William
24. NAGAMINE, Ushiichiro
25. NAKAMURA, Mataichi
26. NISHIDA, Grace
27. POAHA, Rose
28. SAKAMOTO, Fusa
29. SHAUDYS, Alice
30. SHELDON, Helen
31. TAMASHIRO, Yoshiko
32. TENGAN, James
33. TENGAN, Matsu
34. TSUJI, Dorothy
35. UJIIE, Okitaro
36. WATSON, Albert
37. WONG, James C.
38. YOUNG, George
39. KONG, Clifford

HAWAII STATE COMMISSION ON AGING

Mrs. Ann Benner, Chairman
Terminated 6/72

Mr. Renji Goto
Executive Director

Mrs. Shimeji Kanazawa, Acting Chairman

MEMBERS

Mauricio D. Bunda
Robert W. Clopton
Father Colin Correa
Walter R. Deweese
Ellen Y. H. Fong
Andrew W. Lind
Benjamin E. Lizama (Kauai)
Miriam Mukai (Maui)
Melvyn T. Murakami
William Naganuma
Francis Okita
Lula Roberts
Robert T. Sato
Mildred Sikkema
Albert Sing
Harry Takara
Dr. Shoyei Yamauchi

EX-OFFICIO MEMBERS

Education - Samuel Gon
Health - Dr. Kleona Rigney
Labor and Industrial Relations - Charles Hayashi
Retirement System - Kim Tet Lee
Social Services - Norman Akita
University of Hawaii - Anthony Lenzer, Ph.D.
Social Security - Sung Dai Seu

Program Specialists..... Riley L. B. Yee
..... Carl Sekimura
Secretary..... Margaret Faye
Stenographer..... Betty Lee
..... Merle Nakamoto

****

HONOLULU COMMUNITY COLLEGE

Provost..... Dr. James W. Thornton, Jr.
Director of Business Affairs..... Bob Hirata
Dean of Instruction..... Clyde Yoshioka
Assistant Dean of Instruction..... Alan Yonan

MEDICAL ADVISORY COMMITTEE

David L. Pang, M.D., Chairman

James Banta, M.D.

Thomas Bennett, M.D.

Edward Colby, M.D.

Judy Fujimoto, R.N.

Mr. Renji Goto, Commission on Aging

Mr. Christian Nakama, Committee on Aging

Noboru Oishi, M.D.

Michael Okihiro, M.D.

Dermot Ornelles, DDS

Gladys Park, R.N.

Ijaz Rahman, M.D.

Kleona Rigney, M.D.

Paul Tamura, M.D.

Tom Thorson, Hawaii Medical Association

Sau Ki Wong, M.D.

Walter Young, M.D.

HAWAII SENIOR SERVICES, INC.

Board of Directors
1971-72

Tsunao Miyamoto, Chairman

Kenji Goto, Secretary

Wah Kim Ing, Treasurer

Rodney Mukai, Hawaii Economic Development Corporation
Financial and Legal Advisor

Charles W. Amor, Consultant

Alfred S. Barros

Reverend Albert Collins

John Ferriera

Morris Freedman

Peter Kim

Louis Robello

Participant Advisory Board
Chairman's Report

This report coincides with the end of my second term of office as Chairman of the Participant Advisory Board. In ending my term of office, I can feel a satisfaction of having a very important role in the development of our Center as it is today.

This year, the Board adopted the motto, "We Play, We Learn, and We Serve". The activities reported in our Third Annual Report will support this motto.

I am proud of the seriousness with which each member of the Board participated in the development of policies and advice to the staff. No task was too small or too large to undertake with vigor. The bazaar was again a very difficult job for our older people, but we are the better and the wiser for having done it again this year. We appreciate every penny that is spent in the Center.

I am proud of the way we decided to make our program not only a multi-purpose center but a "multi-ethnic center". Our Board not only spoke about it but actively supported the election of persons of diverse ethnic groups. I hope to continue this policy and also to encourage the now under represented English speaking members to stand for elections to the Board next year.

I am proud of the emphasis on community service this year. We can hold our heads higher to tell the world that older people are not only "takers" but "givers" of services. Members of the Board as well as volunteers are now giving regularly of themselves as friendly visitors, outreach workers, interpreters, etc., to the many less fortunate older people in our community.

I want to express my appreciation for the many volunteers--those who helped in the Center and those who worked so generously at Maluhia Hospital, the Convalescent Center, Honolulu Community College and elsewhere. They were the pioneers in a new wave of service minded senior citizens who will influence changes in the way the public views older people.

I am most proud of our staff. They keep prodding us on to more and more difficult assignments. I support the hiring of older people as Center staff but insist that a youthful outlook is necessary for the growth of the Center.

In May, 1972, the leadership was passed to Mr. Henry B. C. Ho, newly elected Chairman of the Participant Advisory Board. He will place the stamp of his personality on this program just as he has in his involvement in other worthwhile community programs.

The Hawaii State Senior Center, which places great emphasis in the democratic process in deciding ends and means, will continue as a democratically evolving institution under his leadership. And this is the key to our success. And we will not throw away the key.

JAMES H. TENGAN, Chairman
Participant Advisory Board

Analysis of Program Changes

In the Second Annual Report, emphasis was made on designing the Center program to anticipate changes in the participants and changes in the social system to which the older person is a part. We suggested that the senior center can provide leadership in developing models of what older people can accomplish when their basic needs are met. It provides an atmosphere where participation and involvement can happen and where it is possible to accomplish much of its identified tasks through the resources of the older persons themselves.

At the end of the third year of operation, we have confirmed our commitment to a program philosophy and a style of management that was presented last year. Therefore, our definition of a multi-purpose senior center has evolved from daily practice and experience.

Definition of a Multi-Purpose Senior Center

"A multi-purpose senior center is a special community of self-selected participants whose involvement and participation increase self-development, group development, and the enhancement of the total community".

Let us take these phrases apart to see what they mean.

> "...a special community of self-selected older participants..."

This means that the choice of entering into the special community is a free and voluntary action of the participant. This implies that the participant is psychologically and physically healthy to the point where he elects to join a community of other older people. The sum of the individual decisions and actions results in a community--a "we feeling" that this is "our Center" and "our program".

> "...whose involvement and participation..."

This means that the "involvement and participation" of the members is the key that makes the Center "tick". This means an interaction of giving and taking. Each participant can satisfy his needs by belonging and giving freely of himself to the senior center movement. He can test his capacity to take responsibility as well as to receive direction from others. It means a democratic process is at work and people within the process are anxious to make the process work.

> "...increase self-development, group development, and enhancement of the total community".

The final outcome or goal of the multi-purpose senior center can be measured by the degree to which the individual has developed. Has he been able to satisfy his needs to belong to a dynamic movement and in the process became a better person?

Have the sub-groups become more confident in their significance and are now able to return their renewed strength to the betterment of the community?

And lastly, has the image of the older person been uplifted in the process? As a result of the Center, are older persons more deeply respected for their significance in being exemplary models for the youngsters?

Do we now see older people as a group to be respected instead of neglected, treasured instead of forgotten, or are we still afraid of growing old?

Program Development:

"The Design for Change" in our Second Annual Report anticipated the evolution of specific activities depending on an interaction of staff capabilities, available volunteers and participant involvement and support. At the end of the Third Year, the three major components of the multi-purpose senior center spearheaded by three professional staff have taken on some definite characteristics.

The professional staff positions and their leadership roles are: the Individualized Services Coordinator, who promotes the Individualized Services Component, the Group Activities Coordinator, who oversees the Group Activities, and the Center Director, who provides leadership in the Community Service Component.

INDIVIDUALIZED SERVICE component deals with:

A. COUNSELING AND GUIDANCE

1. Assessment of individual's possible needs
    a. Membership interview
    b. Personal problem solving
    c. Case conference
2. Referral to agencies
    a. Social Security
    b. Housing
    c. Food Stamps
    d. Department of Social Services
        1. Payments
        2. Personal services
        3. Protective services
    e. Health Insurance
    f. Legal Aid
3. Outreach and follow-up on referrals
    a. Financial aid
    b. Housing
    c. Setting up house
        1. Shopping
        2. Banking
        3. Marketing
    d. Bus Transportation

4. Progress and evaluation to determine participant's level of independency

5. Information to members and general public

   a. Membership

   b. Activities

   c. Income and supplement

   d. Health concerns; health screening

   e. Miscellaneous personal welfare

B. MULTI-PHASIC HEALTH SCREENING PROGRAM

1. Planning, coordinating, and training

   a. Health agencies

   b. Volunteers and public

2. Testing and Exit Interview

   a. Vision, hearing, urine, tonometry, blood pressure, height and weight checks, hemoglobinometry, diabetes, heart screening

   b. Quick review of tests

3. Written referrals and follow-up on test results

4. Evaluation

   Medical Advisory Committee

   a. Guidelines

   b. Consultation

   c. Recommendations

GROUP ACTIVITIES component deals with:

1. EDUCATIONAL:

   a. English skills

   b. Language

   c. Sewing

   d. Spiritual

   e. First Wednesday Educational Program

   f. Third Wednesday Culture and the Arts Program

   g. Leadership Workshop

   h. First Aid Training

2. RECREATIONAL & LEISURE:

   a. Dances & Songs: ethnic, social, hula

   b. Arts & Crafts: Hawaiian seedcraft, hobby sewing, painting, photography

   c. Excursions & field trips

3. SPECIAL EVENTS:

   a. Annual Events: Volunteers Service Recognition Program
      Bazaar
      Thanksgiving Luncheon
      Christmas Luncheon

   b. Ethnic Festivals and Celebrations: Chinese Double Ten
      Aloha Week
      Kamehameha Day

   c. Monthly Birthday Parties

   d. Senior Citizens Visits

   e. Community Group Visits

4. FUNCTIONAL GROUPS

   a. Special Activities Planning Committee

   b. Kitchen Committee

   c. Social Clubs

5. CENTER VOLUNTEER SERVICES

   a. Class Instructors & Aides

   b. Lunch Program

   c. Health Screening

   d. Custodial

   e. Yardwork

COMMUNITY SERVICE component deals with:

1. LEADERSHIP DEVELOPMENT

   a. Participant Advisory Board

   b. Club Council

   c. Leadership Training Program

2. ADVOCACY ROLE

   a. Emphasize positive contributions of senior citizens

   b. Generate public interest about senior citizens

   c. Introduce and support favorable bills and administrative actions

3. INFORMATION TO PUBLIC

   a. Needs and concerns of senior citizens

   b. Available Center and Agency services

   c. Existence of gap groups and gap services

4. VOLUNTEER SERVICES

   a. Friendly Visitation: Hospitals, Convalescent Center Nursing Homes

   b. Hui-Hauoli International Entertainment Group: Hospitals, Homes for the Aged, Community Agencies

   c. Short term requests: Honolulu Community College, T-B Association

   d. Seasonal requests: Christmas & Easter Seals, Toys for Tots

5. CENTER SERVICES TO PUBLIC & PRIVATE AGENCIES

   a. Consultation and advice by staff

   b. Serving on committees, commissions and councils concerning senior citizens

6. ADVISORY & CONSULTATIVE SERVICES FROM AGENCIES

a. Medical Advisory Committee

b. Health & Welfare Agencies

c. Department of Education

d. Public Service Agencies: Salvation Army, YMCA, Health & Community Services of Hawaii, Kokua Kalihi Valley, Kalihi-Palama Community Council

e. Surveys & Evaluations

The KEY ELEMENTS in the operation of a SUCCESSFUL PROGRAM are

1. DEMOCRATIC PROCESS IN ACTION:

   Opportunity to learn and use the democratic process, which leads to participant involvement in planning and implementation of program activities.

2. CONCERTED TEAMWORK:

   Shared and mutual responsibility among staff members and between staff and participants to attain program objectives.

3. CONTINUOUS EVALUATION OF ACTIVITIES:

   Continuous interaction between staff and members to produce necessary changes to meet participant needs.

STATISTICS TO SUPPORT THE ATTAINMENT OF PROJECT OBJECTIVES:

This is the first year that we can compare our annual statistics with a complete prior year. There is no other multi-purpose senior center within the State to make comparisons. We have also researched the activities of centers on the Mainland but do not find any published statistics which could be used as a basis of comparison.

OBJECTIVE NUMBER 1: TO ESTABLISH THE CONCEPT OF A CENTRAL MEETING PLACE (WITHIN THE TARGET AREA) FOR OLDER PEOPLE TO MEET THEIR MULTIPLE CONCERNS.

The original contract between the Hawaii State Commission on Aging and the Honolulu Community College calls for a membership of 500 persons within three years. (This assumption was based on an average daily attendance of a maximum of 75 persons a day.) This numerical objective was attained within the first fiscal year. Thereafter, we projected a growth of an additional 20% a year. This was exceeded in both the second and third fiscal year. There is a facility limit to which the program can grow. Even with the expansion of floor space for the general activity, the expanded floor space can accommodate only those persons now members of the Center. Beginning January 1, 1972, the Center has not enrolled older persons residing outside the target area.

The Participant Advisory Board has made representations to the State Legislature that the Hawaii State Senior Center is not equipped to serve all older persons in the State wanting the group experiences offered at the Hawaii State Senior Center. Over $925,000 in Capital Improvement Funds was appropriated during the past Legislature to construct multi-purpose senior centers in other communities throughout the State.

OBJECTIVE NUMBER 2: TO INCREASE THE OPPORTUNITIES FOR OLDER PERSONS TO REALIZE HIS POTENTIALITIES AND CAPABILITIES FROM WITHIN THE CENTER.

The number of regularly scheduled Group Activities increased from 394 in 1971 to 490 in 1972. In contrast, the number of Special Events was correspondingly reduced from 101 in 1971 to 57 in 1972. The reason for the change was partly due to the increased time for advanced planning. Many of the special events became regular events after they had been projected and planned in advance. In other words, experience has reduced the need to program short term activities.

The reduction of special events by nearly 50% did not reduce participation. Total attendance at all regular and special events for the fiscal year increased from 44,258 to 62,034.

Commencing January 1972, the Center has adopted the 8-week sessions and two week break cycle for the entire year. We expected a reduction in total attendance as a result of a total of 12 weeks with structured group activities suspended. This reduction is not yet reflected in our statistics. The daily drop-ins who come to the Center are at a sufficient volume to maintain a moderately high daily average attendance.

The substantial increase of volunteer hours for the Center and an over 100% increase in volunteer hours for other agencies is a source of pride in this fiscal year. The organized campaign to make our membership more aware of community service activities began in December. Generally, the older person in the low income areas is not especially habituated to the concept of volunteer work, so the amount of hours recorded at our Center is especially gratifying.

OBJECTIVE NUMBER 3: TO PROVIDE OPPORTUNITY FOR AGENCIES TO DELIVER INTEGRATED AND COORDINATED SERVICES FROM WITHIN THE CENTER.

Total hours of regularly scheduled group activities was reduced from a high of 3,982.5 during the second fiscal year to 3,565.0 this year. This loss was partly due to the termination of funds from the State Foundation on Culture and the Arts. The changeover of sponsors from the State to a private non-profit agency resulted in a loss of cultural program especially designed to reach the Hawaiian and Filipino groups.

Classes sponsored by the Department of Education, Adult Education, increased from 861.0 hours to 1,060.0 hours. The gap areas in classroom activities are leisure time classes like flower arrangement, bonsai, hobby sewing, etc. These are activities that do not fall within the "culture and the arts" program, and yet are not fundable as free classes under the Department of Education. These classes are structured on a pro-rata basis, and, therefore, are not attractive to older people on a limited income. The charging of tuition would limit the mix of older persons using the Center.

The staff of the Hawaii State Senior Center presented "Senior Leadership Workshops" during the second fiscal year. This series of three workshops had the immediate effect of articulating the program of the Center and upgrading the social clubs throughout the Center. The Center has adopted the planning schedule of intensive group activities for eight weeks, suspension of structured group activities for two weeks and re-cycle. The purpose is to be able to plan activities at least a year in advance and to provide legitimate spaces where the volunteer instructors can gracefully suspend or rest from activities. The break periods are used by staff to evaluate on-going activities, plan for new activities and recruit new teachers and volunteers.

The bright highlight in this year's statistics is the increase in the proportion of volunteer instructors (older participants themselves) from 37% of the total group activities hours last year to 55% this year. This demonstrates a continuing commitment from the members to support its choice of activities.

B. SUMMARY OF OBJECTIVE NUMBER 3: ACTIVITIES NOT DUPLICATED IN PART A.

This area has the largest reduction of total hours. The drop is from 3,057.5 to 1,728.9. This statistic monitors the contributions to the staff or to provide direct services to participants. These services are not reported under the category of Group Activities or Individualized Services and includes consultation, clerical manpower,

janitorial assistance, etc.

During the second year of operation, staff aggressively sought linkages with the community agencies. This accounted for the wider range of agencies involved in the Center's operation. As the participants were consulted more and more in the development of the programs, the need to outreach to outside agencies was lessened. The results were reflected in this year's final report.

The greatest single reduction of services from an agency during 1972 was the American Red Cross. A total of 428 hours was reduced to 93.3. This is because of the loss of an outstanding Red Cross Volunteer who worked far beyond the expectations of a Volunteer and logged many hours of her time. Her move to the Mainland was a personal loss to the membership, as she invested herself into her activities.

OBJECTIVE NUMBER 4: TO INDIVIDUALIZE SERVICES TO OLDER PEOPLE.

Total services to individuals increased by 50% in 1972.

There was a turnover in the position of Individualized Services Coordinator in September, 1971. Slippage in services was avoided by a month of pre-service orientation volunteered by the incoming incumbent.

The bi-lingual capacity of the staff increased requests for services and the impact had the effect of changing the operational style of other staff. Associate staff members were spending more time listening to members thereby increasing the workload considerably.

This component is designed as an "expeditor" to facilitate the flow of services within the Center and to agencies outside the Center. It differs from the traditional casework agency, as there is no "caseload" assignment as such. The entire membership is the "caseload" and the emphasis made to raise the level of achievement and responsibility of the entire Center. For the individuals needing specific casework services, the emphasis is to maintain independence and to utilize the existing services where available.

New in-center services initiated this year are the weekly health consultation by the public health nurse and the enrollment for food stamps by a volunteer.

The volunteer who formerly headed the Department of Agriculture Food Stamp Program qualifies the applicants, follows up on the processing of the application and assists the newly enrolled participant to use the bank and the initial visit to the market.

CONCLUSIONS DERIVED FROM THE STATISTICS:

The statistics support the conclusion that the Center has surpassed the project objectives beyond the most extravagant expectations.

The use of a team of professional personnel viewing and relating to the entire program from different perspectives is an exciting innovation. Staff interacts with the participants and the sharing of responsibilities has a "multiplying" effect. More individuals are involved and more responsibility is shared.

CARRY OVER PROBLEMS

1. Expansion of Facility

The design phase of the Center is underway. The original start date projected for August 1972 has been delayed until January 1973, provided the Governor's Office approves the revisions to be submitted by the Department of Accounting and General Services.

This year attempts to encourage the use of the Nuuanu YMCA as an alternate facility has not succeeded. The use of the building by youngsters appears to be a psychological barrier to the senior citizens. Members expressed the feeling that the building did not make them feel at home.

2. Additional Multi-purpose Senior Centers

Even with the expanded 3,000 square feet of additional floor space, the Center is at maximum capacity. The Participant Advisory Board has made this point to the State Legislature. The Legislature has responded by appropriating some $925,000 for the construction of Centers throughout the State.

The Center's request for the creation of a multi-purpose senior center authority to tie existing and planned multi-purpose senior centers into a single umbrella was not approved. Instead the Legislative Reference Bureau has been authorized to conduct a study to present to the next Legislature.

3. Lack of Male Activities

The challenge to involve more men in our programs is a continuous one. To date, the leadership positions on the Board and in the majority of Clubs are in the hands of the men. We will give priority to activities which attract the men.

4. More Jobs for Seniors

The creation of Hawaii Senior Services, Inc., a non-profit organization chartered by the State, was accomplished this year. It is our hypothesis that those "younger" older persons not using the Center are still in the job market struggling with the limited incomes in the high cost area.

The Board of Directors believes that there should be viable alternatives of supplementary incomes without turning to welfare.

5. Budgeting

The responsibility for initiating the budgeting process for the Hawaii State Senior Center has been assigned to the Hawaii State Commission on Aging for the next two years. The Commission may evolve into a direct service agency at which time the Hawaii State Senior Center will be justified as an operational entity. If this is not the case, the Center should be spun off into the existing sponsor, the Honolulu Community College with a defined budget. An early decision will facilitate planning and allow for change while there is still flexibility.

6. More Professional Staff Needed

As the Center completes the peak in enrollment, the next mission is to direct its attention to more intensive development of the participants. The aim is to raise their level of involvement and participation so they can be free to move out of the Center and into the on-going community activities.

The use of volunteers for self-selected and self-directed activities will continue. But the need for professional persons capable of assuming continuous responsibility for an educational component is needed. Like the other members of the staff, he will act in the role of a facilitator to bring in existing programs and create special educational curriculum for older persons not now being served.

7. Gap Areas in Leisure Time Activities

This report reflects that total volunteer instructional time increased by 18%. However, there are high demand classes for which volunteers are not available. There are classes in leisure time activities like creative writing, painting, sketching, etc., which is not available by Adult Education. Part-time instructors are needed for the classes. Otherwise, we do not reach the participant who is seeking enriching cultural activities.

OTHER METHODS TO EVALUATE THE EFFECTIVENESS OF THE HAWAII STATE SENIOR CENTER

1. Participant Evaluation:

The Participant Advisory Board was involved in the design of the evaluation survey conducted at the last month of the fiscal year. The evaluation enabled the Board to obtain feedback from the program participants regarding center experiences that may be used for planning and to assess the extent to which the Center's objectives as an educa ional institution was attained. The University's Evaluation Officer concluded that the Center experience "is having a favorable impact upon the personal and social life of the participant". (See Appendix 1)

2. Pre and Post Evaluation of Participants:

During the beginning of the second fiscal year instruments were selected and edited that would give a picture of the psychological and community activities of the participants. A repeat of the same instrument was followed a year later and the results are reported in Appendix II.

3. National Evaluation:

The Hawaii State Senior Center was described as an outstanding example of a comprehensive senior center program sponsored by Community Colleges throughout the United States. The report was published jointly by the Kellogg Community Service Leadership Program and the University of Michigan, the Institute for Gerontology of the University of Michigan and the National Council on Community Services for Community and Junior Colleges. The Research and Report Series

Report Number 5, was released in November, 1971, and entitled, "Community College Services for Senior Citizens". This report covered the activities of the U.S. Junior and Community Colleges listed in the American Association of Junior Colleges in 1971.

4. A Report on Meals and Senior Center Programs for the Senior Citizens of Hawaii and on Program Development:

The named report was funded by the Hawaii State Commission on Aging and produced by the Health and Community Council on November, 1971. The report was lauditory in nine areas of strengths. As weaknesses, it cited the lack of an aggressive outreach program, a research component needed, the limited physical facility, and the indecisiveness in the University as to the continuing role of the Hawaii State Senior Center within the system.

The nine areas of strength were:

1. The number and variety of programs and activities
2. Participant involvement through the Participant Advisory Board
3. The heavy use of volunteers in many aspects of the program
4. The work of the Center to encourage other agencies to provide services and to coordinate these programs
5. The concise statement of attainable and measurable objectives
6. An evaluation oriented base to determine the impact of the program and determination to apply it for future

program planning.

7. The consistent increase of participant enrollment and the growth of program and activities.
8. The dedicated staff and the good rapport established with the participants.
9. The integration of nutrition education to other phases of programming.

The areas of weaknesses in outreach have been since ameliorated by the establishment of an outreach capacity in the Area-wide Model. Hopefully, those able to benefit from the Center activities will be escorted and made to feel at home in the Center.

5. Unsolicited News Articles

A Star-Bulletin article titled, "A Senior Center That's Plagued With Success" was published on February 24, 1972 under the byline of Mrs. Helen Altonn, Star-Bulletin writer. The story was entirely unsolicited as the same writer had interviewed the Center staff during the first month of operation. She had noted the adverse conditions in starting the program and was following up on that story two years later.

The article described the various activities in the Center and interviewed the Director of the State Commission on Aging. In that article, Mr. Goto expressed the need for more multi-purpose senior centers throughout the State.

6. Report of Accrediting Commission for Junior Colleges, Western Association of Schools and Colleges

The Honolulu Community College was awarded a full accreditation reaffirmed to June 30, 1975.

Under Section VI., "Community Services", the accrediting report made the following commendation, "The Senior Center operated off-campus by the College is an outstanding example of the efforts of the College to provide service to a segment of the community in a non-traditional setting."

PROGRAM OUTPUT
Fiscal Year Ending June 30, 1972

	Item	Cumulative Total	Monthly Average
1.	Unduplicated number of older persons served directly.		
	a. Members only	7,026	586
	b. Guests	17,385	1,449
	c. Gross monthly attendance	50,204	4,183
2.	Unduplicated number of older volunteers serving project.	691	58
3.	Unduplicated number of older persons reached by mass media	6,000	500
4.	Facilitation of Health Services		
	a. Education	159	26
	b. Screening	817	68
5.	Information, referral, and counseling (A to F in monthly narrative)	3,879	323
6.	Recreation and Free Time (Total Individual Use of Facilities)	62,034	5,170
7.	Adult Education		
	a. Members	8,589	716

STATISTICS TO ASSESS ATTAINMENT OF PROJECT OBJECTIVES

Objective #1: To establish the concept of a central meeting place for older people to meet their multiple concerns.

		Projected	Actual
Project Year I	Membership Objective	500	698
Project Year II	To increase by 20%	600	927
Project Year III	To increase by 20%	720	1,575

A.	Membership (Total)		1,575
	1. Regular	1,040	
	2. Associate	288	
	3. Guests	242	
	4. Service	5	
B.	Attendance		
	1. Members		30,524
	a. Males	8,943	
	b. Females	21,581	
	2. Guests		19,574
	3. Gross Total		50,098
	4. Unduplicated Count		7,026
	a. Males	1,824	
	b. Females	5,202	
	5. Average Daily Attendance		
	a. Members Only	127	
	b. Members & Guests	209	
C.	Individual Use of Facilities		62,034
D.	Total Group Visits to Center		14

Objective #2: To increase the opportunties for older persons to realize his potentialities and capabilities from within the Center.

A.	Regularly Scheduled Groups	490	
	1. Educational	149	
	2. Recreational	320	
	3. Administrative	21	
B.	Special Events	57	
	1. Educational	12	
	2. Recreational	27	
	3. Other Groups	13	
	4. Administrative	5	a/
	5. Informal Table Games	4,006	b/
	Activities Total 547		
	Sessions Total 1,815		
	Attendance Total 62,034		c/

C. Report of Participant Characteristics

See attached cumulative report for period ended June 30, 1972.

D. Volunteer Services (by hours)

1. For Center 9,806

   a. Members 7,483
   b. Non-Members 1,603

2. For Other Agencies 1,526.5

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a/ Reduced from 55 during period 70-71.
b/ Increased from 550 during period 70-71.
c/ Increased from 44,258 during period 70-71. (Largest single event--May Bazaar, 6,000).

Objective Number 3 - To provide oppoortunity for agencies to deliver integrated and coordinated services from within this Center.

Variety of Scheduled Activities	Class Size	Actual Count	Average Size	Total Hours
Group Activities by Agencies				
Department of Education, Adult Division				
Monday Sewing, A. M.	23	620	17	92.5
Monday Sewing, P. M.	23	596	16	92.5
Thursday Sewing	25	688	16	110.0
Friday Sewing	26	720	16	110.0
Drafting Class	14	483	12	93.0
Drapery Class	18	135	15	22.5
Basic English - Japanese	26	1,479	18	164.0
Basic English - Chinese	12	214	9	50.0
Basic English - Japanese	28	626	22	56.0
English Conversation	26	751	18	84.0
Hawaiian Conversation	20	642	14	90.0
Mandarin	26	390	18	22.0
Flower Arrangement	17	463	13	74.0
Subtotal		7,807		1,060.0
Department of Social Services Vocational Rehabilitation - Ho'Opono (Handicapped Group)				
Variety Program	8	306	7	47.0
Department of Health				
Activity Sessions for patients of State Hospital and Boarding Home operators	25	425	18	48.0
Hawaii State Senior Center Staff				
Filipino Dance Class	14	694	9	78.0
Leadership Training	50	50	45	32.0
Red Cross Training	12	10	10	10.0
Canteen Luncheons	50	2,600	40	76.0
Subtotal		3,354		196.0
HSSC Instructional Volunteers				
Ballroom Dancing - Wednesday	40	994	23	64.5
Ballroom Dancing - Friday	58	918	43	31.5
Birthday Parties	250	2,750	229	24.0
Chinese Social Club	298	12,440	276	135.0
Japanese Social Club	70	1,670	46	108.0

HSSC Instructional Volunteers	Class Size	Actual Count	Average Size	Total Hours
Okinawa Social Club	228	9,593	198	144.0
Hawaiian Social Club	22	72	36	6.0
Filipino Cultural Club	30	1,155	24	117.5
Cosmopolitan Club	10	41	10	4.0
Lanakila Social Club	70	2,608	53	122.5
Hula Class	24	1,165	18	128.0
Physical Fitness, Men	7	335	4	83.0
Hobby Sewing	20	322	11	60.0
Hawaiian Seeds Craft	12	565	8	192.0
Quilt Making	7	116	4	29.0
Lauhala Weaving	9	117	5	22.0
Ukulele Classes	15	931	10	90.0
Chinese Dance	14	485	11	45.0
Japanese Dance	12	392	11	54.0
Okinawa Dance	42	1,843	38	144.0
Painting	6	151	5	28.0
Sketching	5	122	4	27.0
Knit and Crochet	7	27	7	8.0
Arts and Crafts	16	264	15	27.0
Tai Chi	12	241	7	33.0
Rainbow Camera Club	50	1,350	67	60.0
Rug Weaving	10	37	6	6.0
General Music	12	293	11	54.0
Charm Class	20	208	17	18.0
Pearl Beads Stringing	10	81	10	12.0
Samisen	24	470	13	35.0
Beginners Hula (1 month only)	14	22	11	1.0
Embroidery	8	73	7	11.0
Bible Study in Japanese	15	443	11	80.0
Subtotal		42,294		2,004.0
Senior Citizen's Culture and the Arts Program				
Rondalla	16	550	13	82.0
Filipino Cultural Club	20	600	18	82.0
Advanced Arts and Crafts	12	500	10	80.0
Subtotal		1,650		244.0
Excursions				
Standard Oil Company (Refinery)	94	94		8.0
Sea Life Park	169	169		6.0
Paradise Park	47	47		3.0
Kuilima Hotel	228	228		5.0
Subtotal		538		22.0
GRAND TOTAL HOURS				3,621.0

International Group Visits to Institutions

Beverly Manor
Kalanihuia (Chinese Group)
Moiliili Center (Japanese Group)
Waimano Home
Aala Park (Chinese and Okinawa Groups)
Waipahu Community Center
Salvation Army
Maunalani Hospital

The above institutions and clubs were visited by our HSSC ethnic group dancers and presented a program of songs and dances to the patients and residents.

Our HSSC International Group also entertained the visitors from Chico Senior Citizens, Chico, California.

B. Summary of Objective #3: (These activities are not duplicated in A. "Variety of Scheduled Activities").

Agency	Total Hours	Remarks
United States		
U.S.D.A.	8.0	Food Stamps, (Assistance and application)
Social Security	19.5	Explanation, consultation
Job Corps	4.0	Transportation
State of Hawaii		
Dept. of Health	28.5	Consultation, Planning
Lanakila Health Center	35.0	Referral, planning, consultation, supplemental services
State Tax Office	1.0	Information
Dept. of Accounting & General Services		
Design Branch	2.0	Planning
Central Services	15.0	Lights, water, window repair, plumbing
University of Hawaii		
Evaluation Officer	4.0	Consultation
School of Nursing	3.0	Consultation
Community College	2.0	Consultation
Honolulu Community College	75.0	Office duties, advise, fiscal, P.A.B., support
Department of Social Services		
Public Welfare Admin.	13.0	Referrals, follow up, consultation, assistance
Hawaii Housing Authority	5.0	Orientation, referrals
Governor's Office	2.0	Evaluation, planning
Dept. of Education (Adult Education)	34.0	Consultation, planning
State Hospital	18.0	Outreach program
City and County of Honolulu		
Outreach	1.0	Information, public relations

City Office of Info. and Complaints	1.0	Information
Committee on Aging	2.0	Information, public relations

Private Agencies

*Concentrated Employment Program	1,301.0	Manpower services by trainees including clerical, maintenance, groundskeeping
Legal Aid Society	1.0	Information, consultation
X-ray Medical	0.5	Information, Repair
Dr. S. K. Wong	0.5	Consultation
Dr. H. Q. Pang	0.5	Consultation
E. R. Squibb	0.5	Information for Health Day Drug
Ames (Drug Co.)	1.0	Information
Kokua Kauluwela	0.5	Orientation
Medical Committee Members	0.5	Consultation
H.C.H.A.	2.5	Planning, Follow-up
YMCA	1.0	Planning
American Red Cross	93.9	Information, assistance, planning, coordinating, visitation, screening, follow-up, case conference
Hawaii Heart Assn.	14.0	Screening, consultation
Blood Bank of Hawaii	1.0	Information, assistance
Salvation Army	1.0	Consultation
Regional Medical Plan	8.0	Consultation
Health and Community Council	2.0	Consultation
HMSA	1.0	Assistance in follow-up
Information & Referral Service	16.5	Planning, Drivers
Makua Alii	3.0	Consultation
Headrick Development Co.	2.0	Notary Public
Diamond Head Mental Health Clinic	0.5	Consultation and Referral
Convalescent Center	2.5	Planning, advice,
Smith, Kline, French	1.0	Consultation
	1,728.9	

*Concentrated Employment Program

Fenika Ava	192.0
Jeanne I. Cho	304.0
Charles Jose	548.5
Jose Juan	88.0
Vaifale Pusi	168.5

OBJECTIVE NUMBER 4: To individualize services to older persons.

Services to Individuals	Cumulative Total 1971	1972
A. Registration Interviews	306	340
1. Males	99	139
2. Females	207	201
B. Informal Contacts	626	1,573
C. Informational Interviews	316	615
D. Counseling Interviews	134	137
E. Referrals	807	707
1. To Center	536	326
2. From Center	271	381
a. In House	112	216
b. Outside Agency	159	165
F. Outreach	161	58
G. Follow-up	240	705
H. Health Screening	1,018	886
I. Health Education	338	192
J. Bus Passes Issued	417	950
TOTALS	4,363	6,163

MONTHLY REPORT OF PARTICIPATING MEMBERSHIP CHARACTERISTICS

Date Report Period Ended June 1972 (Cumulative)

1.

Enrolled Participants	Terminations
Total 1,040	
Sex:	
Male 358	
Female 682	1F (Deceased)
Gross Total (including Guests and Associate Membership)* 288 + 242 + 5 + 1,040 = 1,575	

2.

National Minority Category	Number	% of Total
A. American Indian		
B. Spanish Surname	11	.6%
C. Negro	2	
D. All others (Orientals, Hawaiians, etc.)	1,023	98.3%

3. Ethnic Distribution in Project Target Area

Ethnic Group in Target Area	% in Area	Actual Number Enrolled	% of Total Enrolled
Japanese	39%	526	51
Part Hawaiian	16%	43	4
Caucasian	15%	14	1
Filipino	14%	35	3
Chinese	11%	375	36
Other	3%	18	2
Hawaiian	2%	29	3

* Characteristics of Guests and Associate Membership are not included in this report.

4. Age	% of 55+ in Area	Actual	% of Total
below 55		6)	
55 - 59	36%	83)	9
60 - 64	28%	170	16
65 - 69	15%	336	33
70 - 74	11%	222	21
75 - 79	6%	136	13
80 - 84	3%	74	7
85 +	1%	13	1

5. Education	Area Distribution	Actual	% of Total
No School	4%	135	13
1 - 4 years	7%	230	22
5 - 8 years	19%	411	40
9 - 12 years	57%	196	19
1 - 2 years college	6%	33	3
3 - 4 years college	5%	21	2
5 years and over	2%	14	1

6. Individual Income	Area Distribution	Actual	% of Total
Under $3,000	11%	821	79
$3,000 to 4,999	14%	113	11
5,000 to 6,999	22%	57	5
7,000 to 9,999	24%	30	3
10,000 to 14,999	20%	13	1
15,000 and up	9%	6	1

7. Single Family Participants

	Target Area Male	Actual	Target Area Female	Actual
Widowed	8%	4%	25%	32%
Divorced and Separated	10%	1.4%	15%	2%
Single (never married)	82%	.7%	60%	1%

8. Marital Status by Sex (over 17 years)

	Male	Actual	Female	Actual
Married	67%	27%	65%	31%
Unmarried	33%	6%	35%	36%

9. Hard to Reach Participants by Percentage of Total Membership

(Compared to 1969 National Survey)*

		Actual HSCC
a. Persons having Center as main activity	(58)	
b. Persons living alone	(52)	12.7%
c. Financially impoverished participants ($2,000 single and $4,000 couple)	(32)	83.7%
d. Male Participants	(29)	34.5%
e. Minority Group Participants	(19)	98.3%
f. Disabled Participants	(11)	1.9%

APPENDIX A

FINDINGS OF THE THIRD PARTICIPANT EVALUATION SURVEY

The Participant Evaluation Survey III represents a refinement of the instrument constructed, administered and reported in the Annual Report of the Hawaii State Senior Center (1970 & 1971). The purpose of the annual evaluation is to formulate an ongoing composite view of the "situation as a whole," based on the reactions of Senior Center participants. The specific objectives of the 1972 evaluation were manifold: (a) to obtain "feedback" from program participants regarding Center experiences that may be incorporated into 1972-73 planning, (b) to devise a means of assessing the extent to which Center objectives were fulfilled, (c) to develop and maintain a data-base for the measurement of program trends over time, (d) to generate consensual information that may be used to compare Center participants with comparable gerontological groups, locally and elsewhere, (e) to locate "problem areas" in the program and allow participants to offer solutions and suggestions, (f) to provide guidelines for the future direction and organization of the program, and (g) to pinpoint areas of research endeavor for investigators in the field of aging.

CONCEPTUAL FOCUS

Based on the cumulative experience and findings of two previous Center evaluations (1970 & 1971), the present study focused on nine major areas of concern: (a) Motivation for coming to the Center, (b) Communication skills and barriers, (c) Attendance, (d) Self-help skills, (e) Perception of self and others, (f) Resolution of cognitive dissonance and personal comfort, (g) Service and helping behavior, (h) Attitudes toward death, and (i) Feelings of happiness and mastery.

METHODOLOGY

During the month of May, a total of 337 Center participants completed the Participant Evaluation Survey III. This sample represented approximately 22% of the 1555 estimated population of the Center . The participants were sampled "at random" and tested individually or in small groups. Participants who had facility with written English were allowed to complete the questionnaire on their own, while participants who admitted language problems were asked to complete the form in a small group setting. This allowed a member of the Center staff to clarify areas of difficulty in the content of the questionnaire.

The Participant Evaluation Survey III consisted of thirteen items phrased to cover the nine areas cited earlier. In addition, six items dealing with background information were included.

NATURE OF THE SAMPLE

A total of 337 participants completed the questionnaire. There were 91 (27%) male respondents and 237 (70%) female respondents. Only nine respondents failed to indicate their sex classification. The age range of the sample was 55-86 years, with an overall average of 69.9 years. With respect to ethnic background, the sample was predominately of Asian ancestry: Chinese (31.5%), Japanese (24.0%) and Okinawan (13.9%).

Regarding language proficiency, over half of the sample (54.6%) reported that they could read and write English. Slightly over half (51.0%) reported ability to read and write another language as well.

A detailed tabulation of the background information obtained from the participants appears on the following pages.

BACKGROUND INFORMATION

	Total Group f	Total Group %	Male f	Male %	Female f	Female %
Total Number of Respondents	337	100.0	91	27.0	237	70.3
(Note: 9 respondents did not indicate sex group.)						
Average Age (In Years)	69.9		71.5		69.2	
Age Range	55-86		59-86		55-86	
Sample Size For Age Data	327		89		230	

	Total Group f	Total Group %	Male f	Male %	Female f	Female %
Ethnicity:						
Chinese	106	31.5	34	37.4	72	30.4
Japanese	82	24.0	23	25.3	56	23.6
Okinawan	47	13.9	5	5.5	40	16.9
Korean	2	.6	0	.0	2	.8
Caucasian	4	1.2	1	1.1	3	1.3
Portugese	2	.6	0	.0	2	.8
Hawaiian	1	.3	0	.0	1	.4
Cosmopolitan	10	3.0	3	3.0	7	3.0
Other	1	.3	0	.0	1	.4
NO RESPONSE	82	24.3	25	27.5	53	22.4

Note: 69.4% of the sample were of Chinese, Japanese and Okinawan ancestry.

Background Information (Continued)

	Total Group		Male		Female	
	f	%	f	%	f	%
Do you read and write English?						
YES	184	54.6	66	72.5	117	49.4
NO	121	35.9	22	24.2	94	39.7
DON'T KNOW	1	.3	0	.0	1	.3
NO RESPONSE	31	9.2	3	3.3	25	10.5
Do you read and write any other language?						
YES	172	51.0	49	53.8	120	50.6
NO	127	37.7	35	38.5	89	37.6
DON'T KNOW	2	.6	0	.0	2	.8
NO RESPONSE	36	10.7	7	7.7	26	11.0
Are you a leader? (Club Officer, Center Volunteer)						
YES	90	26.7	31	34.1	57	24.1
NO	199	59.1	52	57.1	143	60.3
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	47	13.9	8	8.8	36	15.2

RESULTS OF THE EVALUATION

The results of the evaluation were tabulated by male, female and total group, and these data are attached to this report. In order to view the "situation as a whole," the findings were summarized for the nine major areas of the study and were based on the overall group pattern of response. The focus is clearly on areas of consensus, rather than differences. The reader is encouraged to review the "fine grain" information provided in the tables, since they reveal many subtle differences between male and female participants at the Center.

A. MOTIVATION FOR COMING TO THE CENTER (Question 1). The four major "reasons" for coming to the Center, based on percent of group endorsement, were: "I can meet with friends here"(91.4%), "I feel at home here"(88.4%), "I belong to a club"(88.4%), and "I'm taking a class"(51.6%). These four "reasons" may be labeled (1) the instrumental-social motive, (2) substitute home motive, (3) social affiliation motive. and (4) self-improvement motive, respectively. Congruent with the findings reported in the 1971 Annual Report, it is clear that participants are attending the Center for its positive benefits and personal-social offerings, rather than as an escape from an unpleasant home situation.

B. COMMUNICATION SKILLS AND BARRIERS (Questions 2 & 4). Nearly all of the respondents (90.8%) reported that they speak to more people at the Center, thus suggesting an increased "openness" in communication. The increased communication appeared more directed toward the participant's own group (78.9% agreement), rather than toward other ethnic groups (56.7% agreement). The

major ways of coping with communication problems were to seek help from others ("My friend is helping," "My family is helping"), or to admit a problem exists ("I cannot speak English," "I don't know what to ask").

C. ATTENDANCE (Question 3). A total of 60.5% reported that they come to the Center on other days than they used to. Precise information concerning attendance rates are presented elsewhere in the Third Annual Report.

D. SELF-HELP SKILLS (Question 5). In terms of immediate outcomes of the Center experience, respondents reported that: "I made a new friend"(85.5% agreement), "I have learned where to go when I need help"(62.0%), "I have helped someone else to solve a problem"(47.5%), and "I have learned to use the telephone"(47.5%). The respondents have improved in (a) interpersonal relationships, (b) problem-solving, and (c) communication.

E. PERCEPTION OF SELF AND OTHERS (Questions 6 & 10). Four out of the six alternatives to Question 6 received endorsements by over half the group: I understand the importance of..."Working in a group"(75.1%), "Expressing my feelings"(72.1%), "Accepting responsibility as a group member"(64.1%), and "Unselfish behavior" (50.4%). Participants reported that they are more aware of the needs of others (65.0% agreement) and are willing to listen to another person's problem whether he is a member of their group (72.4%), or a member of another group (54.9%).

F. RESOLUTION OF COGNITIVE DISSONANCE AND PERSONAL COMFORT (Question 7). What sort of things are participants feeling more comfortable with since coming to the Center? Based on a majority response, participants report feeling more comfortable with: "People who have more/less money than I do"(74.5%), "People whose ideas are different from mine"(64.7%), "People whose ethnic cultures are different from mine"(60.5%), and "Blind and/or handicapped persons"(56.7%). The Center appears to facilitate greater tolerance among the participants.

G. SERVICE AND HELPING BEHAVIOR (Question 8 & 9). Over two-thirds of the sample (68.5%) are willing to help without being asked. Only about a third (32.0%) want to help but reported that they do not know what to do. Based on a majority sentiment, participants feel free to volunteer (68.8%), prefer to volunteer with the same group (60.8%), and are willing to volunteer in the community if sponsored by the Center (54.0%). Only about a third (33.6%) admitted that they had some good reason for not volunteering. Participants are learning to help both themselves and others.

H. ATTITUDES TOWARD DEATH (Question 11 & 12). The recent Symposium on Grief and Death sponsored by seven local community agencies prompted the staff to include several items pertaining to death in this year's evaluation questionnaire. A majority of the participants (58.8%) expressed a belief in life after death, and a willingness to help people because of this belief (58.2% endorsement). However, 64.4% were not afraid of death, per se. In event of passing, over half (59.9%) have prepared a will, and a third (38.3%) have left written instructions. Only about a third of

the group (35.3%) endorsed more educational programs at the Center dealing with preparation for death.

I. FEELINGS OF HAPPINESS AND MASTERY (Question 13). Over three-fourths of the group (84.9%) report feeling happier by coming to the Center. This general affective sentiment was manifested in the following expressions: "I have good friends"(82.8%), "I am accepted by more friends"(80.4%), "I am willing to help people" (78.6%), "I feel that I can do more things"(78.0%). "I feel that I will live longer"(73.0%), "I am included in activities" (65.3%), "I can take responsibilities"(63.8%), and "I am asked to help"(60.8%).

SUMMARY

The findings of the Participant Evaluation Survey III continues to support the hypothesis that the Center experience is having a favorable impact upon the personal and social life of the participant.

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University of Hawaii
Honolulu, Hawaii 96822

Date: July 5, 1972

Question 1. I come to the Center because (Check one or more):

Alternative	Total Group f	Total Group %	Male f	Male %	Female f	Female %
a. I feel at home here.						
YES	298	88.4	82	90.1	209	88.2
NO	1	.3	0	.0	1	.4
DON'T KNOW	1	.3	0	.0	0	.0
NO RESPONSE	37	11.0	9	9.9	27	11.4
b. I'm taking a class.						
YES	174	51.6	35	38.5	137	57.8
NO	88	26.1	29	31.9	57	24.1
DON'T KNOW	2	.6	0	.0	0	.0
NO RESPONSE	73	21.7	27	29.7	43	18.1
c. I'm teaching a class.						
YES	16	4.7	6	6.6	10	4.2
NO	182	54.0	50	54.9	130	54.9
DON'T KNOW	2	.6	0	.0	1	.4
NO RESPONSE	137	40.7	35	38.5	96	40.5
d. I belong to a club.						
YES	298	88.4	76	83.5	215	90.7
(Which?) Chinese	105	31.2	33	36.3	71	30.0
Japanese	53	15.7	20	22.0	32	13.5
Okinawan	72	21.4	8	8.8	60	25.3
Hawaiian	6	1.8	0	.0	6	2.5
Lanakila	7	2.1	3	3.3	4	1.7
Recreational	15	4.5	1	1.1	14	5.9
BELONG TO MORE THAN ONE CLUB	22	6.5	6	6.6	16	6.8
BELONG, BUT NOT INDICATED	18	5.3	5	5.5	12	5.1
DO NOT BELONG/ NO RESPONSE	39	11.6	15	16.5	22	9.3
e. I can meet with friends here.						
YES	308	91.4	86	94.5	214	90.3
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	28	8.3	5	5.5	22	9.3

Question 1 (Continued)

Alternative	Total Group f	Total Group %	Male f	Male %	Female f	Female %
f. I am not too happy staying at home.						
YES	99	29.4	23	25.3	73	30.8
NO	147	43.6	43	47.3	99	41.8
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	90	26.7	25	27.5	64	27.0
g. I have nothing to do at home.						
YES	75	22.3	18	19.8	56	23.0
NO	156	46.3	40	44.0	110	46.4
NO RESPONSE	106	31.5	33	36.3	71	30.0
h. Other...						
YES	21	6.2	7	7.7	13	5.5
NO	1	.3	0	.0	1	.4
NO RESPONSE	315	93.5	84	92.3	223	94.1

Priority of Reasons

	RANK ORDER	
a. I feel at home here.	2.5	
b. I'm taking a class.	4	
c. I'm teaching a class.	7	(Lowest endorsement)
d. I belong to a club.	2.5	
e. I can meet with friends here.	1	(Highest endorsement)
f. I am not too happy staying at home.	5	
g. I have nothing to do at home.	6	
h. (OMIT)	-	

Note: Priority of rankings based on % agreement by total sample.

Question 1. I come to the Center because (Check one or more):

Alternative	Total Group f	Total Group %	Male f	Male %	Female f	Female %
a. I feel at home here.						
YES	298	88.4	82	90.1	209	88.2
NO	1	.3	0	.0	1	.4
DON'T KNOW	1	.3	0	.0	0	.0
NO RESPONSE	37	11.0	9	9.9	27	11.4
b. I'm taking a class.						
YES	174	51.6	35	38.5	137	57.8
NO	88	26.1	29	31.9	57	24.1
DON'T KNOW	2	.6	0	.0	0	.0
NO RESPONSE	73	21.7	27	29.7	43	18.1
c. I'm teaching a class.						
YES	16	4.7	6	6.6	10	4.2
NO	182	54.0	50	54.9	130	54.9
DON'T KNOW	2	.6	0	.0	1	.4
NO RESPONSE	137	40.7	35	38.5	96	40.5
d. I belong to a club.						
YES	298	88.4	76	83.5	215	90.7
(Which?) Chinese	105	31.2	33	36.3	71	30.0
Japanese	53	15.7	20	22.0	32	13.5
Okinawan	72	21.4	8	8.8	60	25.3
Hawaiian	6	1.8	0	.0	6	2.5
Lanakila	7	2.1	3	3.3	4	1.7
Recreational	15	4.5	1	1.1	14	5.9
BELONG TO MORE THAN ONE CLUB	22	6.5	6	6.6	16	6.8
BELONG, BUT NOT INDICATED	18	5.3	5	5.5	12	5.1
DO NOT BELONG/ NO RESPONSE	39	11.6	15	16.5	22	9.3
e. I can meet with friends here.						
YES	308	91.4	86	94.5	214	90.3
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	28	8.3	5	5.5	22	9.3

Question 1 (Continued)

Alternative	Total Group f	Total Group %	Male f	Male %	Female f	Female %
f. I am not too happy staying at home.						
YES	99	29.4	23	25.3	73	30.8
NO	147	43.6	43	47.3	99	41.8
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	90	26.7	25	27.5	64	27.0
g. I have nothing to do at home.						
YES	75	22.3	18	19.8	56	23.0
NO	156	46.3	40	44.0	110	46.4
NO RESPONSE	106	31.5	33	36.3	71	30.0
h. Other...						
YES	21	6.2	7	7.7	13	5.5
NO	1	.3	0	.0	1	.4
NO RESPONSE	315	93.5	84	92.3	223	94.1

Priority of Reasons

	RANK ORDER	
a. I feel at home here.	2.5	
b. I'm taking a class.	4	
c. I'm teaching a class.	7	(Lowest endorsement)
d. I belong to a club.	2.5	
e. I can meet with friends here.	1	(Highest endorsement)
f. I am not too happy staying at home.	5	
g. I have nothing to do at home.	6	
h. (OMIT)	-	

Note: Priority of rankings based on % agreement by total sample.

Question 4. Since coming to the Center, I could have used help but did not ask:

	Total Group f	Total Group %	Male f	Male %	Female f	Female %
YES	76	22.6	23	25.3	52	21.9
NO	188	55.8	51	56.0	130	54.9
NO RESPONSE	73	21.7	17	18.7	55	23.2
The reasons are: (Checked)						
a. I cannot speak English.	69	20.5	13	14.3	53	22.4
b. Too shy.	34	10.1	6	6.6	25	10.5
c. I don't know what to ask.	52	15.4	17	18.7	32	13.5
d. Too ashamed.	30	8.9	2	2.2	26	11.0
e. I don't know who to ask.	45	13.4	11	12.1	33	13.9
f. Problem is too personal.	25	7.4	4	4.4	19	8.0
g. My friend is helping.	71	21.1	25	27.5	45	19.0
h. My family is helping.	51	15.1	14	15.4	37	15.6
i. An agency is helping.	34	10.1	9	9.9	25	10.5

Priority Rankings

	RANK ORDER	
a. I cannot speak English.	2	
b. Too shy.	6.5	
c. I don't know what to ask.	3	
d. Too ashamed.	8	
e. I don't know who to ask.	5	
f. Problem is too personal	9	(Lowest endorsement)
g. My friend is helping.	1	(Highest endorsement)
h. My family is helping.	4	
i. An agency is helping.	6.5	

Note: Priority of rankings based on % agreement by total sample.

Question 5. Since coming to the Center, I feel better able to care for myself because:

	Total Group		Male		Female	
	f	%	f	%	f	%
a. I made a new friend.						
YES	288	85.5	75	82.4	205	86.5
NO	4	1.2	2	2.2	2	.8
DON'T KNOW	1	.3	1	1.1	0	.0
NO RESPONSE	44	13.1	13	14.3	30	12.7
b. I have had a chance to be a leader in a group.						
YES	93	27.6	34	37.4	59	24.9
NO	120	35.6	28	30.8	87	36.7
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	123	36.5	29	31.9	90	38.0
c. I have helped someone else to solve a problem.						
YES	160	47.5	44	48.4	113	47.7
NO	65	19.3	19	20.9	45	19.0
DON'T KNOW	2	.6	0	.0	2	.8
NO RESPONSE	110	32.6	28	30.8	77	32.5
d. I have learned where to go when I need help.						
YES	209	62.0	51	56.0	153	64.6
NO	28	8.3	7	7.7	21	8.9
NO RESPONSE	100	29.7	33	36.3	63	26.6
e. I have learned to speak English better.						
YES	152	45.1	38	41.8	109	46.0
NO	55	16.3	13	14.3	40	16.9
NO RESPONSE	130	38.6	40	44.0	38	37.1
f. I have learned to use the telephone.						
YES	160	47.5	34	37.4	119	50.2
NO	43	12.8	15	16.5	27	11.4
NO RESPONSE	134	39.8	42	46.2	91	38.4

Question 5 (Continued)

Priority Rankings

	RANK ORDER	
a. I made a new friend.	1	(Highest)
b. I have had a chance to be a leader in a group.	6	(Lowest)
c. I have helped someone else to solve a problem.	3.5	
d. I have learned where to go when I need help.	2	
e. I have learned to speak English better.	5	
f. I have learned to use the telephone.	3.5	

Note: Priority of rankings based on % agreement by total sample.

Question 6. Since coming to the Center, I understand the importance of:

	Total Group		Male		Female	
	f	%	f	%	f	%
a. Expressing my feelings.						
YES	243	72.1	68	74.7	169	71.3
NO	12	3.6	2	2.2	9	3.8
NO RESPONSE	82	24.3	21	23.1	59	24.9
b. Working in a group.						
YES	253	75.1	65	71.4	183	77.2
NO	16	4.7	7	7.7	8	3.4
NO RESPONSE	68	20.2	19	20.9	46	19.4
c. Accepting responsibility as a group member.						
YES	216	64.1	65	71.4	146	61.6
NO	33	9.8	8	8.8	25	10.5
DON'T KNOW	3	.9	0	.0	3	1.3
NO RESPONSE	85	25.2	18	19.8	63	26.6
d. Participant leadership.						
YES	85	25.2	26	28.6	58	24.5
NO	108	32.0	27	29.7	78	32.9
DON'T KNOW	2	.6	1	1.1	1	.4
NO RESPONSE	142	42.1	37	40.7	100	42.2
e. The role of the Participant Advisory Board.						
YES	51	15.1	14	15.4	35	14.8
NO	111	32.9	32	35.2	77	32.5
DON'T KNOW	2	.6	0	.0	2	.8
NO RESPONSE	173	51.3	45	49.5	123	51.9
f. Unselfish behavior.						
YES	170	50.4	44	48.4	122	51.5
NO	44	13.1	11	12.1	33	13.9
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	122	36.2	36	39.6	81	34.2

Question 6 (Continued)

Priority Rankings

	RANK ORDER	
a. Expressing my feelings.	2	
b. Working in a group.	1	(Highest)
c. Accepting responsibility as a group member.	3	
d. Participant leadership.	5	
e. The role of the Participant Advisory Board.	6	(Lowest)
f. Unselfish behavior.	4	

Note: Priority of rankings based on % agreement by total sample.

Question 7. Since coming to the Center, I feel more comfortable with:

	Total Group		Male		Female	
	f	%	f	%	f	%
a. People who have more/ less money than I do.						
YES	251	74.5	65	71.4	178	75.1
NO	12	3.6	6	6.6	6	2.5
NO RESPONSE	74	22.0	20	22.0	53	22.4
b. Blind and/or handicapped persons.						
YES	191	56.7	46	50.5	141	59.5
NO	21	6.2	11	12.1	10	4.2
DON'T KNOW	2	.6	0	.0	2	.8
NO RESPONSE	123	36.5	34	37.4	84	35.4
c. People whose ideas are different from mine.						
YES	218	64.7	57	62.6	157	66.2
NO	19	5.6	8	8.8	11	4.6
NO RESPONSE	100	29.7	26	28.6	69	29.1
d. People whose ethnic cultures are different from mine.						
YES	204	60.5	52	57.1	148	62.4
NO	25	7.4	11	12.1	14	5.9
NO RESPONSE	108	32.0	28	30.8	75	31.6

Priority Rankings	RANK ORDER
a. People who have more/less money than I do.	1 (Highest)
b. Blind and/or handicapped persons.	4 (Lowest)
c. People whose ideas are different from mine.	2
d. People whose ethnic cultures are different from mine.	3

Note: Priority of rankings based on % agreement by total sample.

Question 8. Since last year, I want to help, but I do not know what to do:

	Total Group		Male		Female	
	f	%	f	%	f	%
YES	108	32.0	28	30.8	78	32.9
NO	117	34.7	29	31.9	85	35.9
NO RESPONSE	112	33.2	34	37.4	74	31.2

Question 9. Since last year, I am more willing to help without being asked:

	Total Group		Male		Female	
	f	%	f	%	f	%
YES	231	68.5	60	65.9	166	70.0
NO	30	8.9	10	11.0	19	8.0
NO RESPONSE	76	22.6	21	23.1	52	21.9
a. I feel free to volunteer without being asked.						
YES	232	68.8	63	69.2	164	69.2
NO	23	6.8	9	9.9	14	5.9
NO RESPONSE	82	24.3	19	20.9	59	24.9
b. I prefer to volunteer with the same group.						
YES	205	60.8	54	59.3	144	60.8
NO	43	12.8	14	15.4	29	12.2
NO RESPONSE	89	26.4	23	25.3	64	27.0
c. I prefer to volunteer with a mixed ethnic group.						
YES	120	35.6	38	41.8	81	34.2
NO	84	24.9	18	19.8	63	26.6
NO RESPONSE	133	39.5	35	38.5	93	39.2
d. I prefer to volunteer for the same task.						
YES	109	32.3	32	35.2	74	31.2
NO	92	27.3	24	26.4	66	27.8
NO RESPONSE	136	40.4	35	38.5	97	40.9
e. I prefer to volunteer at the Center only.						
YES	134	39.8	38	41.8	94	39.7
NO	84	24.9	22	24.2	59	24.9
NO RESPONSE	119	35.3	31	34.1	84	35.4
f. I am willing to volunteer in community if sponsored by the Center.						
YES	182	54.0	50	54.9	127	53.6
NO	46	13.6	17	18.7	29	12.2
NO RESPONSE	109	32.3	24	26.4	81	34.2

Question 9 (Continued)

	Total Group f	Total Group %	Male f	Male %	Female f	Female %
g. Since last year, I don't like to volunteer.						
YES	31	9.2	12	13.2	18	7.6
NO	162	48.1	46	50.5	112	47.3
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	143	42.4	33	36.3	106	44.7
h. Since last year, I want to volunteer, but I cannot because of good reason.						
YES	113	33.6	39	42.9	72	30.3
Yes, but no reason indicated	95	28.2	35	38.5	58	24.5
Language problem	4	1.2	2	2.2	2	.8
Health problem	9	2.7	2	2.2	7	3.0
Age	2	.6	0	.0	2	.8
Ability to help limited	1	.3	0	.0	1	.4
Work	2	.6	0	.0	2	.8
NO	93	27.6	20	22.0	70	29.5
NO RESPONSE	131	38.9	32	35.2	95	40.1

Question 9 (Continued)

Priority Rankings

	RANK ORDER	
a. I feel free to volunteer without being asked.	1	(Highest)
b. I prefer to volunteer with the same group.	2	
c. I prefer to volunteer with a mixed ethnic group.	5	
d. I prefer to volunteer for the same task.	7	
e. I prefer to volunteer at the Center only.	4	
f. I am willing to volunteer in community if sponsored by the Center.	3	
g. Since last year, I don't like to volunteer.	8	(Lowest)
h. Since last year, I want to volunteer, but I cannot because of good reason.	6	

Note: Priority of rankings based on % agreement by total sample.

Question 10. Since last year, I am more aware of the other person's needs.

	Total Group		Male		Female	
	f	%	f	%	f	%
YES	219	65.0	56	61.5	158	66.7
NO	26	7.7	9	9.9	17	7.2
NO RESPONSE	92	27.3	26	28.6	62	26.2
a. I am more willing to listen to another person's problems, who is a member of my own group.						
YES	244	72.4	62	68.1	176	74.3
NO	23	6.8	8	8.8	14	5.9
NO RESPONSE	70	20.8	21	23.1	47	19.8
b. I am more willing to listen to another person's problems, who is a member of another group.						
YES	185	54.9	50	54.9	130	54.9
NO	57	16.9	17	18.7	38	16.0
NO RESPONSE	95	28.2	24	26.4	69	29.1

Question 11. I believe in the life after death:

	Total Group		Male		Female	
	f	%	f	%	f	%
YES	198	58.8	48	52.7	146	61.6
NO	51	15.1	23	25.3	28	11.8
DON'T KNOW	8	2.4	3	3.3	5	2.1
NO RESPONSE	80	23.7	17	18.7	58	24.5
a. Because of this belief, I am more willing to help people.						
YES	196	58.2	49	53.8	144	60.8
NO	10	3.0	4	4.4	6	2.5
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	130	38.6	38	41.8	86	36.3
b. My belief doesn't make any difference in helping.						
YES	104	30.9	39	42.9	63	26.6
NO	23	6.8	8	8.8	15	6.3
NO RESPONSE	210	62.3	44	48.4	159	67.1

Question 12. I am afraid of death:

	Total Group f	Total Group %	Male f	Male %	Female f	Female %
YES	56	16.6	15	16.5	38	16.0
NO	217	64.4	58	63.7	157	66.2
DON'T KNOW	2	.6	0	.0	2	.8
NO RESPONSE	62	18.4	18	19.8	40	16.9
a. I have prepared my family for my death by the following things:						
1. I have a will.						
YES	202	59.9	57	62.6	139	58.6
NO	86	25.5	20	22.0	65	27.4
NO RESPONSE	49	14.5	14	15.4	33	13.9
1a. I need help.						
YES	25	7.4	9	9.9	16	6.8
NO	59	17.5	17	18.7	40	16.9
NO RESPONSE	253	75.1	65	71.4	181	76.4
2. I have left written instructions.						
YES	129	38.3	35	38.5	91	38.4
NO	84	24.9	23	25.3	59	24.9
LEFT ORAL INSTRUCTIONS	7	2.1	0	.0	7	3.0
NO RESPONSE	117	34.7	33	36.3	80	33.8
2a. I need help.						
YES	33	9.8	12	13.2	20	8.4
NO	69	20.5	15	16.5	51	21.5
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	234	69.4	64	70.3	165	69.6
b. I would like to see more educational programs on preparation for death.						
YES	119	35.3	35	38.5	84	35.4
NO	84	24.9	24	26.4	59	24.9
DON'T KNOW	1	.3	1	1.1	0	.0
NO RESPONSE	133	39.5	31	34.1	94	39.7

Question 13. Since coming to the Center I am happier:

	Total Group		Male		Female	
	f	%	f	%	f	%
YES	286	84.9	76	83.5	202	85.2
NO	2	.6	2	2.2	0	.0
NO RESPONSE	49	14.5	13	14.3	35	14.8
a. I feel that I will live longer.						
YES	246	73.0	67	73.6	172	72.6
NO	11	3.3	3	3.3	8	3.4
DON'T KNOW	1	.3	0	.0	1	.4
NO RESPONSE	79	23.4	21	23.1	56	23.6
b. I feel that I can do more things.						
YES	263	78.0	68	74.7	189	79.7
NO	6	1.8	2	2.2	3	1.3
NO RESPONSE	68	20.2	21	23.1	45	19.0
c. I am asked to help.						
YES	205	60.8	55	60.4	147	62.0
NO	27	8.0	6	6.6	19	8.0
NO RESPONSE	105	31.2	30	33.0	71	30.0
d. I am included in activities.						
YES	220	65.3	62	68.1	154	65.0
NO	16	4.7	6	6.6	9	3.8
NO RESPONSE	101	30.0	23	25.3	74	31.2
e. I am accepted by more friends.						
YES	271	80.4	73	80.2	191	80.6
NO	4	1.2	1	1.1	3	1.3
NO RESPONSE	62	18.4	17	18.7	43	18.1
f. I have good friends.						
YES	279	82.8	75	82.4	196	82.7
NO	4	1.2	2	2.2	2	.8
NO RESPONSE	54	16.0	14	15.4	39	16.5

Question 13 (Continued)

	Total Group f	Total Group %	Male f	Male %	Female f	Female %
g. I am willing to help people.						
YES	265	78.6	74	81.3	185	78.1
NO	9	2.7	3	3.3	5	2.1
NO RESPONSE	63	18.7	14	15.4	47	19.8
h. I can take responsibilities						
YES	215	63.8	63	59.2	149	62.9
NO	32	9.5	6	6.6	25	10.5
NO RESPONSE	90	26.7	22	24.2	63	26.6
i. I can lead a group.						
YES	88	26.1	31	34.1	56	23.6
NO	131	38.9	26	28.6	101	42.6
DON'T KNOW	3	.9	1	1.1	2	.8
NO RESPONSE	115	34.1	33	36.3	78	32.9

Priority Rankings

	RANK ORDER	
a. I feel that I will live longer.	5	
b. I feel that I can do more things.	4	
c. I am asked to help.	8	
d. I am included in activities.	6	
e. I am accepted by more friends.	2	
f. I have good friends.	1	(Highest endorsement)
g. I am willing to help people.	3	
h. I can take responsibilities.	7	
i. I can lead a group	9	(Lowest endorsement)

Note: Priority of rankings based on % agreement by total sample.

APPENDIX B

INTRA-PERSONAL AND INTER-PERSONAL CHANGES IN A SENIOR CENTER SAMPLE

BACKGROUND

In 1971 a study was initiated to determine the short-term effects of the "Senior Center experience" on a representative sample of participants. The Evaluation Task Force proposed that several guidelines be followed in the execution of the exploratory study, namely: (a) the study should employ a pre- and post-test design, (b) the study should cover a one year period, (c) the questionnaire method should be used since a good deal of data may be collected in a short period of time, and (d) the instrument should focus upon intra-personal and inter-personal concerns of the participants.

The specific objectives of the one year study were threefold: (a) to delineate areas of intra-personal concern as manifested by verbal reports of bodily complaints, psychosomatic problems, neurasthenia, and depressive mood states, (b) to locate areas of concern in the inter-personal and human relationships sphere, and (c) to measure the extent of change that takes place in these areas over a one year period. The Evaluation Task Force anticipated that any changes between pre- and post-testing would reveal areas of "program impact," as well as pinpoint issues for future investigation.

METHODOLOGY

A special hybrid questionnaire was developed by the Evaluation Task Force, and was pretested on several participants in late Spring, 1971. An initial longer version was reduced to a 35-item form to avoid fatigue and maximize the amount of information pertinent to the objectives of the study. The first part of the Health Opinion Survey consisted of 20 items from the mental health field. The items were differentially selected from a device developed by Leighton and Leighton that has proved useful in various clinical and cross-cultural settings. In previous use, the original instrument has been found to correlate with psychiatrists' ratings of amount of needed treatment. These findings are congruent with the work of Cattell and Scheier (see The Meaning and Measurement of Neuroticism and Anxiety. New York: Ronald Press, 1961) supporting the hypothesis that endorsement of statements related to somatic complaints correlates with clinical ratings of overt and covert anxiety (tension) level. However, it must be emphasized that the 20 items selected for the present study were included not only to measure "tension level," but also to detect health and somatic problems that may have alluded the initial health screening process.

The second section of the survey instrument consisted of 15 items selected from the Community Adaptation Schedule. The major focus of these items was toward interpersonal relationships, such as interactional contacts with neighbors, participation in formal

and informal groups, friendship patterns, and general social life. These items served to test specific hypotheses regarding the social world of the participants.

The Health Opinion Survey was administered during the late summer and early fall, 1971. Follow-up administration of the instrument took place during May and June, 1972.

NATURE OF THE SAMPLE

A total of 99 usable protocols of the Health Opinion Survey was collected for the pre- and post-testing conditions. The sample of completed cases consisted of 30 male and 69 female participants. The average (mean) age of the male group was 72 years, while the corresponding value for the female group was 68 years (both values rounded to the nearest year). In terms of the ethnic background of the respondents, the males were predominantly Japanese (18) and Chinese (11); the females were predominantly Japanese (40) and Chinese (27). While it would be interesting to explore the role of ethnicity as a factor that influences the response patterns of the participants, the sample sizes were judged too small for meaningful comparisons of this sort. The broad perspective of the exploratory study suggested a merging of the groups for statistical purposes.

FINDINGS

Initially, a distribution analysis was performed on each of the 35 items of the questionnaire, and these data are presented in Table 1. The number of respondents endorsing each alternative was determined for pre- and post-test conditions, along with corresponding percentage values. The mean ("average") and standard deviation was computed for each item, and a *t*-test for correlated groups was calculated to determine the significance of the pre-post mean difference. A statistically significant *t* value indicates a salient change between pre- and post-test performance of the group. Areas of group consensus, however, are as equally important as areas of difference.

Intra-Personal Concerns

An inspection of the responses to Items 1 through 20 indicated a clear pattern of group rejection for statements having to do with somatic and neurasthenic complaints. This finding holds for both the pre- and post-test administration of the questionnaire. Only three of the items received minor ("Sometimes") endorsements, and these were:

5. Do you have any trouble getting to sleep and staying asleep?
9. Do you feel that you are bothered by all sorts of ailments in different parts of your body?
20. Do you smoke?

On the other hand, three-fourths of the participants reported that they feel in good spirits most of the time (Item # 18), and strongly rejected the idea that things are not worthwhile anymore (Item # 19).

Only two of the twenty items in the first part of the questionnaire exhibited a change between pre- and post-test conditions, and one of these differences was significant at the .01 level. Item # 19 suggested a slight tendency toward increased pessimism over a one year period.

Inter-Personal Concerns

The second part of the questionnaire concerned interactional activities and interpersonal relationships. The areas of consensus may be summarized around the categories derived from the original Community Adaptation Schedule:

a. Neighbors. Based on modal response patterns, participants reported that they visit neighbors and consider them as friends.

b. Recreation. Respondents reported that they sometimes engage in recreational activities, and enjoy the company of others. Probably because of the advanced age of the group, they spend over three hours per day in passive activities, and would be unlikely to participate in vigorous pursuits.

c. Organizations and Groups. Respondents reported belonging to groups (one or three tend to be modal numbers), and they enjoy participating in them very much.

d. General Social Life. Center participants enjoy participating in organized activities, and reported many social acquaintances.

e. Friendship Patterns. A majority of the respondents reported having five or more friends that they feel close to. There are some daily contacts maintained with these friends, and the positive relationships are viewed as reciprocal. The family physician stands out as the one "professional that participants would most likely turn to for assistance.

Among the fifteen items making up the second part of the questionnaire, five demonstrated a significant shift from pre- to post-test conditions:

a. Participants lost some of their enthusiasm for group and club affiliation, but the change was only slight. (Item # 1)

b. Number of friends increased (Item # 3), but intensity of the relationships decreased slightly.(Item # 4).

c. There was increased reliance upon the family physician. (Item # 5)

d. There was a reported decrease in the amount of time spent by the particiant in passive activities. (Item # 11).

SUMMARY

The findings of the Health Opinion Survey indicate that the Center particiants are relatively symptom-free for their advanced age. They maintain and enjoy social interaction and appear responsive to opportunities to enhance interpersonal contacts. Because of the positive level of function at the pre-test level (1971), there were only a few changes noted over a one year period (1972). These differences were primarily in the inter-personal domain.

The change study initiated by the Senior Center is unique for gerontological research in Hawaii, and will serve as a model for future endeavors aimed at measuring the "impact" of social programs operated in naturalistic settings.

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TABLE 1

PRE-POST CHANGES IN A SENIOR CENTER SAMPLE

HEALTH OPINION SURVEY STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance[a]	Significant Change Between Pre and Post?
1. Do your hands ever tremble enough to bother you?							
Response	Code						
Often	3	1	1.0	0	0.0		
Sometimes	2	8	8.1	5	5.1		
Never	1	90	90.9	94	94.9		
Mean (M)		1.10		1.05		1.39	NO
Standard Deviation (s.d.)		.33		.22			
2. Are you ever troubled by your hands or feet sweating so that they feel damp and clammy?							
Response	Code						
Often	3	0	0.0	2	2.0		
Sometimes	2	8	8.1	3	3.0		
Never	1	91	91.9	94	94.9		
Mean (M)		1.08		1.07		0.26	NO
Standard Deviation (s.d.)		.27		.32			
3. Have you ever been bothered by your heart beating hard?							
Response	Code						
Often	3	0	0.0	0	0.0		
Sometimes	2	15	15.2	13	13.1		
Never	1	84	84.8	86	86.9		
Mean (M)		1.15		1.13		0.47	NO
Standard Deviation (s.d.)		.36		.34			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
4. Do you tend to feel tired in the mornings?							
Response	Code						
Often	3	2	2.0	2	2.0		
Sometimes	2	16	16.2	14	14.1		
Never	1	81	81.8	83	83.8		
Mean (M)		1.20		1.18		0.36	NO
Standard Deviation (s.d.)		.45		.44			
5. Do you have any trouble getting to sleep and staying asleep?							
Response	Code						
Often	3	2	2.0	4	4.0		
Sometimes	2	31	31.3	30	30.3		
Never	1	66	66.7	65	65.7		
Mean (M)		1.35		1.38		0.51	NO
Standard Deviation (s.d.)		.52		.57			
6. How often are you bothered by having an upset stomach?							
Response	Code						
Often	3	2	2.0	1	1.0		
Sometimes	2	23	23.2	14	14.1		
Never	1	74	74.7	84	84.8		
Mean (M)		1.27		1.16		1.83	NO
Standard Deviation (s.d.)		.49		.40			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
7. Are you ever bothered by nightmares (dreams which frighten you)?							
Response	Code						
Often	3	4	4.0	2	2.0		
Sometimes	2	18	18.2	25	25.3		
Never	1	77	77.8	72	72.7		
Mean (M)		1.26		1.29		0.49	NO
Standard Deviation (s.d.)		.53		.50			
8. Have you ever been troubled by "cold sweats"?							
Response	Code						
Often	3	0	0.0	1	1.0		
Sometimes	2	7	7.1	6	6.1		
Never	1	92	92.9	92	92.9		
Mean (M)		1.07		1.08		0.26	NO
Standard Deviation (s.d.)		.26		.31			
9. Do you feel that you are bothered by all sorts of ailments in different parts of your body?							
Response	Code						
Often	3	4	4.0	3	3.0		
Sometimes	2	24	24.2	29	29.3		
Never	1	71	71.7	67	67.7		
Mean (M)		1.32		1.35		0.43	NO
Standard Deviation (s.d.)		.55		.54			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
10. Do you ever have loss of appetite?							
Response	Code						
Often	3	0	0.0	1	1.0		
Sometimes	2	9	9.1	8	8.1		
Never	1	90	90.9	90	90.9		
Mean (M)		1.09		1.10		0.26	NO
Standard Deviation (s.d.)		.29		.33			
11. Has any ill health affected the amount of work (housework) you do?							
Response	Code						
Often	3	1	1.0	3	3.0		
Sometimes	2	12	12.1	14	14.1		
Never	1	86	86.9	82	82.8		
Mean (M)		1.14		1.20		1.06	NO
Standard Deviation (s.d.)		.38		.47			
12. Do you ever feel weak all over?							
Response	Code						
Often	3	0	0.0	1	1.0		
Sometimes	2	18	18.2	15	15.2		
Never	1	81	81.8	83	83.8		
Mean (M)		1.18		1.17		0.20	NO
Standard Deviation (s.d.)		.39		.41			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
13. Do you ever have spells of dizziness?							
Response	Code						
Often	3	2	2.0	0	0.0		
Sometimes	2	21	21.2	20	20.2		
Never	1	76	76.8	79	79.8		
Mean (M)		1.25		1.20		0.93	NO
Standard Deviation (s.d.)		.48		.40			
14. Do you tend to lose weight when you worry?							
Response	Code						
Often	3	1	1.0	2	2.0		
Sometimes	2	11	11.1	14	14.1		
Never	1	87	87.9	83	83.8		
Mean (M)		1.13		1.18		1.15	NO
Standard Deviation (s.d.)		.37		.44			
15. Have you ever been bothered by shortness of breath when you were not working hard or otherwise exerting yourself?							
Response	Code						
Often	3	1	1.0	2	2.0		
Sometimes	2	10	10.1	13	13.1		
Never	1	88	88.9	84	84.8		
Mean (M)		1.12		1.17		1.04	NO
Standard Deviation (s.d.)		.36		.43			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
16. For the most part, do you feel healthy enough to carry out the things that you would like to do?							
Response	Code						
Often	1	70	70.7	68	68.7		
Sometimes	2	7	7.1	13	13.1		
Never	3	22	22.2	18	18.2		
Mean (M)		1.52		1.49		0.18	NO
Standard Deviation (s.d.)		.84		.79			
17. Do you have any physical or health problems at the present time?							
Response	Code						
Yes	3	20	20.2	25	25.3		
No	1	79	79.8	74	74.7		
Mean (M)		1.32		1.31			
Standard Deviation (s.d.)		.68		.58		0.12	NO
18. Do you feel in good spirits?							
Response	Code						
Most of the time	1	73	73.7	82	82.8		
Sometimes	2	8	8.1	12	12.1		
Very few times	3	18	18.2	5	5.1		
Mean (M)		1.44		1.22		2.27	YES (p = .05)
Standard Deviation (s.d.)		.79		.53			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
19. Do you sometimes wonder if anything is worthwhile anymore?							
Response	Code						
Often	3	3	3.0	16	16.2		
Sometimes	2	12	12.1	15	15.2		
Never	1	84	84.8	68	68.7		
Mean (M)		1.18		1.47		3.39	YES (p = .01)
Standard Deviation (s.d.)		.46		.76			
20. Do you smoke?							
Response	Code						
A Lot	3	2	2.0	7	7.1		
Sometimes	2	16	16.2	15	15.2		
Not at all	1	81	81.8	77	77.8		
Mean (M)		1.20		1.29		1.75	NO
Standard Deviation (s.d.)		.45		.59			

COMMUNITY ADAPTATION SCHEDULE STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
General Social Life							
1. In general, how do you feel about participating in clubs or groups?							
Response	Code						
Like Very Much	1	58	58.6	47	47.5		
Like	2	32	32.3	28	28.3		
Like Somewhat	3	7	7.1	17	17.2		
Dislike Somewhat	4	2	2.0	3	3.0		
Dislike	5	0	0.0	3	3.0		
Dislike Very Much	6	0	0.0	1	1.0		
Mean (M)		1.53		1.89		3.00	YES (p = .01)
Standard Deviation (s.d.)		.72		1.10			
2. How many social acquaintances do you have?							
Response	Code						
None	1	1	1.0	1	1.0		
Hardly Any	2	1	1.0	2	2.0		
Few	3	11	11.1	10	10.1		
Several	4	14	14.1	13	13.1		
Many	5	56	56.6	32	32.3		
Very Many	6	16	16.2	41	41.4		
Mean (M)		4.73		4.98		1.77	NO
Standard Deviation (s.d.)		.97		1.14			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
Friends							
3. How many personal friends do you have at the present time?							
Response	Code						
None	1	4	4.0	1	1.0		
One	2	1	1.0	1	1.0		
Two	3	12	12.1	5	5.1		
Three	4	12	12.1	9	9.1		
Four	5	12	12.1	9	9.1		
Five or More	6	58	58.6	74	74.7		
Mean (M)		5.03		5.48		2.80	YES (p = .01)
Standard Deviation (s.d.)		1.40		1.03			
4. How do you think they feel towards you?							
Response	Code						
Very Distant	1	0	0.0	0	0.0		
Distant	2	0	0.0	1	1.0		
Somewhat Distant	3	0	0.0	1	1.0		
Somewhat Close	4	9	9.1	25	25.3		
Close	5	64	64.6	48	48.5		
Very Close	6	26	26.3	24	24.2		
Mean (M)		5.17		4.94		2.34	YES (p = .05)
Standard Deviation (s.d.)		.57		.79			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
5. Which of the following professionals you feel free to call on because he knows you or your family?							
Response	Code						
Family Physician	1	27	27.3	44	44.4		
Lawyer	2	1	1.0	4	4.0		
Dentist	3	2	2.0	6	6.1		
Clergyman	4	15	15.2	5	5.1		Increased use of family physician
Insurance Agent	5	1	1.0	1	1.0		
Social Worker	6	4	4.0	2	2.0		
Other	-	8	8.1	27	27.3		
More than one of the above	-	41	41.4	10	10.1	N.A.	
6. How often do you see or talk with your friends?							
Response	Code						
Daily	1	42	42.4	39	39.4		
More Than Once A Week	2	33	33.3	38	38.4		
A Few Times A Month	3	13	13.1	11	11.1		
About Once A Month	4	5	5.1	4	4.0		
Seldom	5	6	6.1	7	7.1		
Never	6	0	0.0	0	0.0		
Mean (M)		1.99		2.01		0.13	NO
Standard Deviation (s.d.)		1.15		1.15			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
7. In general, do you think your friends consider you a good friend?							
Response	Code						
Definitely Not	1	1	1.0	0	0.0		
Very Unlikely	2	1	1.0	1	1.0		
Unlikely	3	0	0.0	0	0.0		
Likely	4	25	25.3	24	24.2		
Very Likely	5	40	40.4	37	37.4		
Definitely	6	32	32.3	37	37.4		
Mean (M)		5.00		5.10		0.84	NO
Standard Deviation (s.d.)		.91		.84			
Neighbors							
8. How often do you visit with your neighbors for a half hour or more?							
Response	Code						
Never	1	8	8.1	5	5.1		
Hardly Ever	2	9	9.1	9	9.1		
Seldom	3	18	18.2	21	21.2		
Sometimes	4	34	34.3	34	34.3		
Often	5	24	24.2	18	18.2		
Very Often	6	6	6.1	12	12.1		
Mean (M)		3.76		3.88		0.77	NO
Standard Deviation (s.d.)		1.31		1.30			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
9. How many neighbors do you consider as personal friends?							
Response	Code						
None	1	9	9.1	3	3.0		
Almost None	2	6	6.1	7	7.1		
Very Few	3	13	13.1	14	14.1		
Few	4	28	28.3	36	36.4		
Many	5	33	33.3	25	25.3		
A Great Many	6	10	10.1	14	14.1		
Mean (M)		4.01		4.16		0.92	NO
Standard Deviation (s.d.)		1.40		1.23			
Recreation							
10. How often do you go out for such recreation as movies, theater, or sporting events?							
Response	Code						
Very Often	1	6	6.1	2	2.0		
Often	2	17	17.2	20	20.2		
Sometimes	3	46	46.5	39	39.4		
Rarely	4	10	10.1	20	20.2		
Very Rarely	5	16	16.2	6	6.1		
Never	6	4	4.0	12	12.1		
Mean (M)		3.25		3.44		1.36	NO
Standard Deviation (s.d.)		1.22		1.28			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
11. About how many hours per day do you spend doing such things as reading, watching TV, or working on a hobby by yourself?							
Response	Code						
Over Three	1	40	40.4	31	31.3		
Three	2	22	22.2	20	20.2		
Two	3	24	24.2	26	26.3		
One	4	9	9.1	12	12.1		
Less Than One	5	2	2.0	5	5.1		
None	6	2	2.0	5	5.1		
Mean (M)		2.16		2.55		2.20	YES (p = .05)
Standard Deviation (s.d.)		1.23		1.43			
12. In general, would you rather spend your recreation time alone or with others?							
Response	Code						
Always Alone	1	2	2.0	4	4.0		
Mostly Alone	2	11	11.1	10	10.1		
More Often Alone	3	10	10.1	10	10.1		
More Often With Others	4	37	37.4	24	24.2		
Mostly With Others	5	31	31.3	26	26.3		
Always With Others	6	8	8.1	25	25.3		
Mean (M)		4.09		4.34		1.42	NO
Standard Deviation (s.d.)		1.17		1.43			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
13. If you had the opportunity, do you think you would spend more time in active recreation (Lawn Bowling, Ping Pong, Physical Fitness Class)?							
Response	Code						
Definitely Not	1	18	18.2	13	13.1		
Very Unlikely	2	39	39.4	24	24.2		
Unlikely	3	13	13.1	36	36.4		
Likely	4	17	17.2	11	11.1		
Very Likely	5	6	6.1	8	8.1		
Definitely	6	6	6.1	7	7.1		
Mean (M)		2.72		2.98		1.35	NO
Standard Deviation (s.d.)		1.42		1.36			
Organizations and Groups							
14. How many different organizations or clubs do you belong to?							
Response	Code						
Over Four	1	15	15.2	18	18.2		
Four	2	9	9.1	14	14.1		
Three	3	26	26.3	25	25.3		
Two	4	19	19.2	23	23.2		
One	5	28	28.3	14	14.1		
None	6	2	2.0	5	5.1		
Mean (M)		3.42		3.16		1.46	NO
Standard Deviation (s.d.)		1.43		1.45			

STATEMENT		PRE-TEST f	PRE-TEST %	POST-TEST f	POST-TEST %	t-Test of Significance	Significant Change Between Pre and Post?
15. How much satisfaction do you get from group activities?							
Response	Code						
None	1	0	0.0	1	1.0		
Hardly Any	2	1	1.0	1	1.0		
Little	3	4	4.0	2	2.0		
Some	4	10	10.1	20	20.2		
Much	5	38	38.4	33	33.3		
Very Much	6	46	46.5	42	42.4		
Mean (M)		5.25		5.11		1.15	NO
Standard Deviation (s.d.)		.87		.98			

[a] t-test formula for correlated means applied to data.